## **CLAIMS ONLY**

AS FILED

Indep

Depend

**SMIAJ**K

--3-

.21

41--

Total

ndep

**Fotal** 

**Fotal** 

1aims

repend

Application, Number

Filing Date

Applicant(s)

Total

Claims

5-18-05

AFTER FIRST AMENDMENT

Depend

Indep

AFTER SECOND

**AMENDMENT** 

Depend

Indep